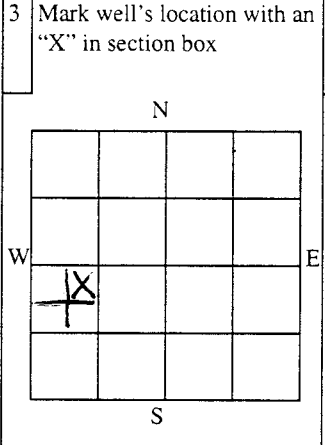


1	LOCATION OF WATER WELL: Fraction County: Riley	NE NW SW 1/4 1/4 1/4	Section Number 9	Township Number 10S	Range Number 8E
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Distance and direction from nearest town or city street address of well if located within city?
East of Manhattan

2 WATER WELL OWNER: **USGS**
 RR#, St. Address, Box #: **4821 Quail Crest Place**
 City, State, ZIP Code: **Lawrence, KS 66049**
 Board of Agriculture, Division of Water Resources
 Application Number:



4 DEPTH OF WELL: **37.2** ft.
 WELL'S STATIC WATER LEVEL: **24.1** ft.
 WELL WAS USED AS:
 1 Domestic 5 Public Water Supply 9 Dewatering
 2 Irrigation 6 Oil Field Water Supply **10 Monitoring well**
 3 Feedlot 7 lawn and Garden Only 11 Injection Well
 4 Industrial 8 Air Conditioning 12 Other
 Was a chemical/bacteriological sample submitted to Department? Yes No
 If yes, mo/day/yr sample was submitted
 Water Well Disinfected: Yes No

5 TYPE OF BLANK CASING USED:
 1 Steel 3 RMP (SR) 5 Wrought 7 Fiberglass 9 Other (specify below)
2 PVC 4 ABS 6 Asbestos-Cement 8 Concrete Tile
 Blank Casing diameter: **2** in. Was casing pulled? Yes No If yes, how much: **3 feet**
 Casing height above or **below** and surface: **- 3 feet** in.

6 GROUT PLUG MATERIAL: 1 Neat Cement 2 Cement Grout **3 Bentonite** 4 Other
 Grout Plug Intervals: From **3** ft. to **37.2** ft. From **0** ft. to **3** ft. From ft. to ft.

What is the nearest source of possible contamination:
 1 Septic tank 6 Seepage pit 11 Fuel storage 16 Other (specify below)
 2 Sewer lines 7 Pit privy 12 Fertilizer Storage **River**
 3 Watertight sewer lines 8 Sewage lagoon 13 Insecticide storage
 4 Lateral lines 9 Feedyard 14 Abandoned water well
 5 Cess pool 10 Livestock pens 15 Oil well / gas well
 Direction from well? **South** How many feet? **20 feet**

FROM	TO	PLUGGING MATERIALS
0	3	Soil
3	37.2	Bentonite

7 CONTRACTOR'S OR LANDOWNER' CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) **1/7/00** and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. This Water Well Record was completed on (mo/day/year) **1/7/00** under the business name of by (signature) **Lee Kellmberger**

INSTRUCTIONS: Use typewriter or ball point pen. Please press firmly and print clearly. Please fill in blanks, underline or circle the correct answers. Send top three copies to Kansas Department of Health and Environment, Bureau of Water, Topeka, Kansas 66620-0001. Telephone 785-296-3565. Send one to Water Well owner and retain one for your records.